

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <i>Shawnte Munnals</i>			2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <i>9907 8th St. Unit 352</i>			
(c) City, State, and ZIP Code <i>Gotha, FL 34734</i>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation <i>Democrat</i>	5. Office Sought <i>House</i>	6. State & District of Candidate <i>FL 11</i>	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <i>Shawnte For Congress</i>
(b) Address (number and street) <i>9907 8th St. Unit 352</i>
(c) City, State, and ZIP Code <i>Gotha, FL 34734</i>

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate	Date
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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Optional Supplemental Page for Designation
of Additional Authorized Committees**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

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Federal Election Commission
1050 First Street NE
Washington DC
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER <i>MAP</i>	5/26/22
(3/2015)	DATE PREPARED

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